

Cobb County Public Library System

266 Roswell Street, Marietta, Georgia 30060

770-528-2320

www.cobbcat.org

Volunteer Application

Personal Information:

Date:

Name:

Address:

City:

State:

Zip

Telephone (home):

Cell Phone:

Email Address:

Check if 16 years of age or older:

Employment Information:

Current Employer:

Position/Title:

Responsibilities include:

Other work experience (briefly describe):

Education Information:

Highest level of education completed:

High School/GED

Associate Degree

Undergraduate Degree

Graduate Degree

Other



Volunteer Information:

Have you volunteered before? ___ Yes ___ No If so, where?

Briefly describe your duties:

How did you hear about the library's volunteer program?

Please check all skills, abilities, or interests below that are applicable to you:

- | | |
|--|---|
| <input type="checkbox"/> Library work | <input type="checkbox"/> Knowledge of a foreign language |
| <input type="checkbox"/> Computer work/data processing | <input type="checkbox"/> Work with/knowledge of genealogy |
| <input type="checkbox"/> Word processing/typing | <input type="checkbox"/> Working with adults |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Working with youth |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Book discussion leader |
| <input type="checkbox"/> Working with books | <input type="checkbox"/> Clerical Assistance |

Please list any experience you have using electronic resources:

Other special interests, skills, abilities, or hobbies:

Other organizations for which you currently volunteer:

Which language(s) do you speak, read and/or write:

Schedule Information:

Please list preferred library location(s) for volunteer assignment:

Please check all available times you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9am-1pm							
Afternoon 1pm-5pm							
Evening 5pm-9pm							

Emergency Contact Information:

Person(s) to contact in case of emergency

Name:

Relationship:

Telephone:

Cell Phone:

Photo Release

By signing here _____, I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for Cobb County Public Library System.

I certify that the information given in this application is true and complete to the best of my knowledge. I agree and understand that if I am accepted into the Cobb County Public Library System volunteer program any false statements may result in my dismissal from the program. I understand that submission of this application in no way assures me a volunteer position.

I acknowledge that there is no salary or other compensation for my service as a volunteer.

I understand that Cobb County shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

I understand that Cobb County is not responsible for injuries incurred by volunteers.

I understand that volunteers must honor the confidentiality of library customers, employees and other volunteers.

Signature of Volunteer: _____ Date _____

Cobb County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.



Office Use Only:

Date:

Volunteer Supervisor:

- Badge
- Volunteer Timesheets
- Supervisor Contact Information
- Policies
- Guidelines
- Acknowledgment Forms
- Criminal Background Authorization

Interview Date:

Start Date:

Training Date:

Position:

Immediate Supervisor:

Resignation Date:

Reason for Resignation:

Release Date:

Reason for Release:

Comments: